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Letter to Editor

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# Awareness and management of slipping rib syndrome

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## Dear Editor,

Slipping Rib Syndrome (SRS) is a clinical condition resulting from the instability of the costochondral junction, typically involving the lower ribs (8$^{th}$, 9$^{th}$, and 10$^{th}$ ribs). This syndrome leads to severe and often intermittent chest pain due to the entrapment of intercostal nerves. SRS, first described by Cyrix in 1919, is characterized by abnormal mobility of the lower ribs.[1]

Diagnosing SRS is often challenging as the symptoms can mimic many other causes of chest pain. Typical clinical features include sharp pain in the lower rib area that worsens with movement, tenderness on palpation, and pain provoked by the Hooking maneuver. On physical examination, pain elicited by palpation of the affected ribs is a specific sign of SRS.

Recent literature reviews have highlighted significant advances in the diagnosis and treatment of SRS. Mekhail et al.[2] have shown that ultrasound can confirm the diagnosis of SRS due to its non-invasive natüre. Additionally, Romano et al.[3] noted that surgical intervention in SRS provides excellent pain relief and proposed that reduced thickness of the rectus abdominis muscle could be a new diagnostic sign of the syndrome.

Treatment options vary depending on the severity and duration of the patient's symptoms. Gress et al.[4] reported that intercostal nerve blocks could provide both diagnostic confirmation and symptomatic relief in SRS. This method is particularly useful for patients who are not candidates for surgical treatment. Botulinum toxin injections can also be used in some cases to alleviate pain.

Surgical treatment is considered when conservative methods are inadequate. One of the most common surgical procedures is the excision of the affected costal cartilage. This procedure relieves pain by removing the cartilage causing nerve entrapment. Madeka et al.[5] highlighted the success and safety of minimally invasive rib fixation and costal cartilage excision as alternative techniques in SRS treatment. These methods are preferred due to their less invasive nature and faster recovery times.

## CONCLUSION

Improving the clinical diagnosis and treatment methods for SRS requires further research and awareness. This syndrome can significantly impact patients' quality of life, and early diagnosis and appropriate treatment can markedly enhance their well-being.

## ETHICAL DECLARATIONS

### Referee Evaluation Process

Externally peer-reviewed.

### Conflict of Interest Statement

The authors have no conflicts of interest to declare.

### Financial Disclosure

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### Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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